

ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MDR000004481

07/17/95

K-MART #7713
3207 SOLONONS ISLAND
EDGEWATER - MD 21037
GEORGE WARD IMAGE CTR MGR

INSTALLATION ADDRESS

3207 SOLOMONS ISLAND EDGEWATER AND 21037

EPA Form 8700-12A (6-90)

change contact

506

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID#	MIDIRIO	0000	14 14 18 1 Da	te: 7 - 1/- 9
FACILITY N	AME <-	Mart #	+7713	
		NEW FACI	LITY NAME	·
Name Change	•			
	III.	LOCATION OF	INSTALLATION	
Street			and the state of t	
City/Town	- Mar - Martin - Mar		State	Zip
County Code			·	
	IV. INST	TALLATION MA	ILING ADDRESS	
Street				
City/Town		• •	State	Zip
	V.	INSTALLATION	CONTACT	
Last Name	Ward	·	F	irst George
Job Title	mage (enter M	Phone # (<u> </u>
	VI. INST	TALLATION CO	NTACT ADDRESS	
Street			-	
Street City/Town				Zip
		VII OWNE	State	Zip
		VII. OWNE	State	Zip
City/Town	al Owner	VII. OWNE	State	Zip
City/Town Name of Leg	al Owner	VII OWNE	State	Zip
City/Town Name of Leg Street City/Town	al Owner	VII. OWNE	StateState	Zip
City/Town Name of Leg Street City/Town	al Owner	VII. OWNE	State RSHIP State Land Type	Zip
City/Town Name of Leg Street City/Town Phone # (al Owner	VII. OWNE	State RSHIP State Land Type CODES	Zip Zip
City/Town Name of Leg Street City/Town Phone # (al Owner	VII. OWNE	State RSHIP State Land Type CODES	Zip
City/Town Name of Leg Street City/Town Phone # (al Owner	VII. OWNE	State RSHIP State Land Type CODES	ZipOwner Type
City/Town Name of Leg Street City/Town Phone # (al Owner	VII. OWNE	State RSHIP State Land Type CODES	Zip Zip
City/Town Name of Leg Street City/Town Phone # (al Owner	VII. OWNE	State RSHIP State Land Type CODES	Owner Type

VIII A.	Hazardous	Waste Activity
Туре		RCRA Reg.

		Type	RCRA Reg. Status	RCRA Reg. Desc.
1. 2.	Generator Transporter			<u>Desc.</u>
3.	TSD Mode of Transpo	rtation for Transporter Rail Highway	Water Ot	her
4.	HWF Burner/Blen B D E N X Blank	Boiler and/or Industrial Figure BIF only; Smelter Deferra BIF only; Small Quantity Not a Burner/Blender, Ver Other Burner/Blender Action Unverified.	l. Exemption Claimed. rified.	
a.	HWF Marketing X		andler is a generator engag e fuel activities.	ed in marketing
b.	HWF Other Mark	Code indicates that the H	andler is engaged in hazard than generator marketing to	
c.	HWF Boiler/Indu	strial Furnace: Boiler and/or Industrial Furnace Indication of Activity.	urnace (BIF) only.	
5.	Underground Inje	Code indicates that the Hidisposes of hazardous wastinstallation.	andler generates and/or treate and has an injection well	
1	Used Oil Beaudin	VIII B. Used Oil Recyc	eind Activities	
1. a.	Used Oil Recyclin Used Oil Markete X		of used oil to burners.	
b.	Used Oil Other M	Handler is engaged in man	rketing of off—spec. used oil f er(e.g., marketing to UO refin	uel other than nery).
2.	Used Oil Burner:	Indication of Activity.		
	Burner Types: Utility H=Ha		ial Boiler Industria J=Used Oil Fuel B=I	il Furnace Both
3.	Used Oil Transpo T=Tra	nsporter F=Transfer	B=Both	
4.	Used Oil Processor	or/Re-refiner: cess Only R=Refine Or	nly B=Both	

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

United States Environmental Protection Agency

, , unite	d States Environmental Protect	illori rigorio)	
I. Installation's EPA ID Number (Mark 'X' in the appro	priate box)		
*., First Notification X B. Subsequent (Complete in		C. Installation's EPA ID Number DR 0 0 0 0 0 4 4 8 1	
II. Name of Installation (Include company and specific	ic site name)		
K-MART #771	3		
III. Location of Installation (Physical address not P.C). Box or Route Number)		
Street			
3207 SOLOMON	SISLA	ND	
Street (Continued)	1 -1 -1 - 1 - 1 - 1		1
City or Town		State Zip Code	
EDGEWATER		MD21037-11	
County Code County Name			
IV. Installation Mailing Address (See Instructions)			
Street or P.O. Box			
SAME	300000000000000000000000000000000000000		
City or Town		State Zip Code	
V. Installation Contact (Person to be contacted rega	arding waste activities at si	ite)	
Name (Last)	(First)		
MARDI	CED	RGE	
Job Title	Phone Num	ber (Area Code and Number)	
IMAGE CENTER	MB 410	- 956-0056	
VI. Installation Contact Address (See Instructions)			(P) (1) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P
A. Contract Address Location Mailing Other B. Street or P.O. Box			
City or Town		State Zip Code	
VII. Ownership (See Instructions)			
A. Name of installation's Legal Owner		GENERAL STATE SECTION	
		Consideration of the control of the	
Street, P.O. Box, of Route Number		JUL 1 0 1988	
Chrosi, 1.0. Box, or riodic retribut			
City or Town		State Zip Code	
		State 21p code	-
	B. Land Type C. Owner T	ype D. Change of Owner (Date Changed)	
Phone Number (Area Code and Number)	**	Indicator Month Day	Year

•					D-FOI O	THE I USE OF		
VIII. Type of Regulated	Waste Activity (M	lark 'X' in the app	oropriate boxe	s; Refer to Inst	ructions)		-	
	A. Hazardous V		B. Used Oil Recycling Activities					
1. Generator (See Instruction a. Greater than 1000 kg/mc b. 100 to 1000 kg/mc c. Less than 100 kg/ 2. Transporter (Indicate below) a. For own waste on b. For commercial p Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	Disposer (at A permit is activity; see uel ting to Burner strial Furnace rral ty Exemption Combustion iller mace ion Control	a. Market Oil to C b. Market Oil Mec 2. Used Oil Combusti a. Utility b. Industr c. Industr 3. Used Oil of Activity a. Transp b. Transf 4. Used Oil Type(s) oi a. Proces	1. Used Oil Fuel Marketer a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) a. Utility Boiler b. Industrial Boiler c. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner-Indicate Type(s) of Activity(ies) a. Process b. Re-refine					
IX. Description of Haza	rdous Wastes (Us	e additional she	ets if necessar	y)				
A. Characteristics of N nonlisted hazardous w 1. Ignitable (D001) (D002)	astes your installations as Reactive 4.		40 CFR Parts	261.20 - 261.24)			
B. Listed Hazardous W	astes. (See 40 CFF	₹ 261.31 - 33; See	instructions i	f you need to li:	st more than 12	waste codes.)		
7	8	9		10	5		12	
C. Other Wastes. (State	or other wastes rec	quiring a handler	to have an I.D	. number; See	instructions.)			
1	2	3		4	5		6	
X. Certification I certify under penalty of lasystem designed to assure or persons who manage the best of my knowledge and including the possibility of the possibil	that qualified persor ne system, or those p belief, true, accurate	nnel properly gath persons directly re e, and complete. I	her and evaluat esponsible for am aware that	e the information gathering the in	n submitted. Ba formation, the i	sed on my inqui nformation sub	iry of the person mitted is, to the	
Signature Leoke f.	Ward	Name and		e (Type or pri GER		Date Sig	_	
XI. Comments					DT	LEU.	/ H.I.)	
Al. Confinents								
						MEN 2		
Note: Mail completed form	to the appropriate E	EPA Regional or	State Office. (See Section III	of the booklet to	ir addresses.)		

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               RCRIS: Notification View Screen 2 of 6
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*EPA ID: MDR000004481
                      Other ID:
                                             Merge Send: Y
                            Source( N/E/S ): N Non-Notifier Flag:
*Date Received(MMDDYY):
                     051895
*Date Acknowledged (MMDDYYYY):
                                      Send Acknowledgement:
*Name of Installation: K-MART #7713
                  Installation Location Address
*Streets:
         3207 SOLOMONS ISLAND
*City:
         EDGEWATER
                                 State: MD
                                             Zip:
                                                   21037
*County Code: 003
                   County Name:
                               ANNE ARUNDEL
                  Installation Mailing Address
         3207 SOLOMONS ISLAND
*Streets:
*City:
         EDGEWATER
                                 State:
                                        MD
                                             Zip:
                                                   21037
                     Contact Information
                First Name
   Last Name
                                   Title
                                               Phone Address (M, L, O) *
                                             4109560056
* GOFF
                THERESIA
                              OPER MGR
                                                           М
         3207 SOLOMONS ISLAND
*Streets:
*City:
         EDGEWATER
                                 State:
                                        MD
                                             Zip:
                                                   21037
*Land Type: P
***********************
 Enter-Continue
                      F1-Previous Screen
                                          F3-Exit
               RCRIS: Notification View Screen 3 of 6
 EPA ID:
         MDR000004481
                        Other ID:
                                              Source:
 Owner Sequence Number:
 Ownership: K-MART
                                               Type of Owner:
                    Address of Owner/Operator
     Street: 1000 W BIG BEAVER RD
     City:
            TROY
                                  State: MI Zip Code
                                                     48084
     Phone:
            8106431000
 Current/Previous Indicator: CO Change Date (MMDDYY):
 *************************
 Enter-Continue
               F1-Previous Screen
                                  F3-Exit
                                                 F5-Curr. Owner
 F6-Prev. Owner
                                  F9-First
                                                 F10-Next
                   F8-Help
**************************
               RCRIS: Notification View Screen 4A of 6
*************************
 EPA ID: MDR000004481
                      Other ID:
                                           Source: N
                           RCRA Req
                                                      State Req
                                    RCRA Req
                                            State Req
 Waste Activity
                      Type
                            Status
                                     Desc
                                              Status
                                                        Desc
                      ----
                       2
 HW Generator:
                              R
 HW TSD:
 HW Transporter:
   Transport Mode: Air:
                         Rail:
                                   Highway:
                                               Water:
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*		Other:					*
*	HW Burner/Blender:	· ·					*
	NHW Used Oil Recycl	er:					*
*							*
	Underground Injecti	on Control:					*
	Recycler:						*
*							*
*		+++++++++	+++++++++		+++++++		× ++
	Enter-Continue	F1-Previou		F3-Exit		8-Help	*
* 1	******	*****	*****	*****	*****	*****	**
* *	******	*****	*****	*****	*****	*****	* *
*	RCR	IS: Notifica	ation View S	Screen 5 of 6			*
* *	*******				****	****	* *
*	EPA ID: MDR	000004481	Other ID:		Source:	N	*
*							*
*	Hazardous Waste	_	ecific/Non-	Specific/Comm	ercial/Ch	emical	*
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	******					******	t *
	Inter-Continue				F3-Exit		*
* 7	78-Help *********		F9-First	. * * * * * * * * * * * * * * *	F10-Next		*
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Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

	2000				Uni	ted St	ates Er	nviror	nmental	Protec	ction Ag	ency	Service .	2 21 1	X /38,5	•				
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II. Name of Insta	ilation (in	clude c	ompa	ny and	spec	lfic si	te nan	ne)	>											
KI-MA	RH	#	2	7/	13															
III. Location of in	rstallation	n <i>(Physi</i>	cal ac	ldress i	not P.	O. B	ox or F	loute	Numb	xer)										
Street		İ			T -	Τ	; ; ·	T		Τ	Π		T					·*		
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City or Town	II	1-1		<i>V</i>	1-				1,4		State	z	p Co	de						
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County Code C	ounty Na	me																		
0 0 3 A	A					T														
IV. Installation N	lailing Ad	dress (S	See In	structio	ons)															
Street or P.O. Bo	ox .																			
SA	ME	A	- 3	1 d	\$ B	O	U	6												
City or Town	I	· · · · · · · · · · · · · · · · · · ·	T	· · · · · ·							State	Z	p Co	de				Ť	T	
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V. Installation C	Contact (F	Person to	be c	ontact	ed red	ardii	na was	te a	ctivitle	s at s	ite)			_			_			
V. Installation C	Contact (F	Person to	be c	ontact	ed reg	gardii	ng was	ite ad	ctivitie (First)		ite)	>				85				
	Contact (F	Person to	be c	contact	ed reg	gardii	ng was		(First)	74.57.5		> \\ \tag{2} \\ \tag{3} \\ \tag{3} \\ \tag{4} \\ \tag{5} \\ \tag{5} \\ \tag{6} \\ \tag{6} \\ \tag{7} \\ 7		B			-			
Name (Last)	Contact (F	Person to	be c	ontact		gardii	ng was		(First)	E	RE	Specific Section 1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1000000	60-332-33	n)				
Name (Last) GOFF	Contact (F	Person to	be o				ng was		(First)	E		Specific Section 1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1000000	60-332-33	f)	_ 	6		
Name (Last) G O F F Job Title	A T	10	n		n A		ng was		(First)	E	RE	Specific Section 1	l ode ar	1000000	60-332-33	f) O	<u>- </u>	6		
Name (Last) GOFF Job Title OPER	A T	10	n (See	Instruc	n A	 2	9		(First)	6 Num	RE	ea Co	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	nd No	60-332-33	0	_ 	individual looks of		
Name (Last) G O F F Job Title O P G Q VI. Installation (A. Contract Addression Mailing O	A T Contact A	l Conditions	(See)	instruc Box	n A	. 2	9	2 .	(First) T H Phone	6 Num	RE	es co	6	nd No	smbe.	0				
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Name (Last) GOFF Job Title OFFR VI. Installation (A. Contract Addr. Location Mailing O	A T Contact A sess ther B.	l C Address Street o	(See)	instruction. Box	n A-	2		Q .	(First) Phone 4 L	& Num O	P. Estate	es Co	lp Co	nd No	ambe	O	- AL	STA	TE SI	EC110
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Name (Last) GO O F F Job Title O P G Q VI. Installation (A Contract Addition Mailing O City or Town VII. Ownership (S A Name of Insta K - MA Street, P.O. Box, I O O C City or Town	A T Contact A ess ther B. See Instru liation's L Of Route	l Conditions) cetions) egal Ow Number	(See)	Box	n A-			B .	(First) T H Phone Y L	& Num O	State	Z	Ip Co	nd No		O NER	AL AY	STA 1 &	TE S	Xerio

		H		Iciai Use Only	
VIII. Type of Regulated Waste Activity	X. action 1 (2004) 1 The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	lefer to Inst			
A. Hazardou	B. Used (Oil Recycling Activities			
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) Transporter (Indicate Mode in boxes below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rali 3. Highway 4. Water 5. Other - specify	1. Used Oil Fuel Marketer a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the User Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) a. Utility Boller b. Industrial Boller c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(les) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(les) a. Process b. Re-refine				
IX. Description of Hazardous Wastes	(lise additional sheets if necessary)		****	Com. 1979 of \$45 815 815 815 815 815 815	
nonlisted hazardous wastes your install 1. Ignitable 2. Corrosive 2. Reactive (D001) (D002) (D003)	4. Toxicity Characteristic (List specific EPA hazard			city characteristic contaminent(s))	
B. Listed Hazardous Wastes. (See 40 C	CFR 261.31 - 33; See Instructions if you	ı need to lis	t more than 12 w	raste codes.)	
7 8 8	9		5 11	12	
C Other Wester (Control of the Control of the Contr					
C. Other Wastes. (State or other wastes)	. •	i der, see i	5	8 9 9 9 9 9 9 9 9 9 9	
X. Certification	and a restriction of the first of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second				
I certify under penalty of law that this docur system designed to assure that qualified per or persons who manage the system, or thos best of my knowledge and belief, true, accur- including the possibility of fine and impris-	sonnel properly gather and evaluate the se persons directly responsible for gath ate, and complete. I am aware that there	information ering the in	n submitted. Base formation, the inf	ed on my inquiry of the person formation submitted is, to the	
Signature Sheresia Soft	Name and Official Title (T THELESIA GOFF	ype or pri		Date Signed 5-5-75	
		70,12			
XI. Comments # ST 5 - 25-95			ZX.	CULIVE	
HST 5 25-95 BS 5/26				MAY 10 1995	
Note: Mail completed form to the appropria	ite EPA Regional or State Office. <i>(See</i>		of the booklet for	Selective address of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	



ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MDR000004481

05/26/95

K-MART #7713 3207 SOLOHONS ISLAND EDGEWATER - MD 21037

THERESIA GOFF OPER MGR

INSTALLATION ADDRESS

3207 SOLOMONS ISLAND EDGEWATER , MD 21037

EPA Form 8700-12A (6-90)